

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N023001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2012
NAME OF PROVIDER OR SUPPLIER BALDWIN HEALTHCARE & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1223 ORCHARD LANE BALDWIN CITY, KS 66006		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a Licensure Resurvey.	S 000		
S 490 SS=F	28-39-153(f) SOCIAL SERVICES (f) Social services. (1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. (2) Any facility with more than 120 beds shall employ a full-time social service designee who: (A) is a licensed social worker; or (B) (i) meets the qualifications in K.A.R. 28-39-144 (bbb); and (ii) receives supervision from a licensed social worker. (3) Any facility with 120 beds or fewer shall employ a social services designee. If the social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (bbb) (2), a licensed social worker shall supervise the social service designee. (4) The nursing facility shall employ social service personnel at a minimum weekly average of .09 hours per resident per day. This REQUIREMENT is not met as evidenced by: The facility identified a census of 51 residents. Based on record review and interview, the facility	S 490		

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

U11K11

If continuation sheet 1 of 3

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S 490	Continued From page 1 failed to employ a licensed social worker to supervise the workings of the social services designee four of four days onsite of the survey. Findings included: - During an interview on 10/3/12 at 11:10 A.M. social services designee R stated that he/she was not a licensed social worker but did have his/her social services designee certificate and stated the facility's regional nurse oversaw his/her work. On 10/4/12 at 3:30 P.M. administrative nursing staff B expressed an unawareness the social services designee required supervision of a licensed social worker. The facility did not provide a policy related to social services. The facility failed to provide social services overseen by a licensed social worker for the residents in the facility.	S 490			
S1174 SS=F	26-40-303 (2)(a)(i)(ii)(iii) P E - Door monitoring system (2) Door monitoring system. The nursing facility shall have an electrical monitoring system on each door that exits the nursing facility and is available to residents. The monitoring system shall alert staff when the door has been opened by a resident who should not leave the nursing facility unless accompanied by staff or other responsible person. (A) Each door to the following areas that is available to residents shall be electronically monitored:	S1174			

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S1174	<p>Continued From page 2</p> <p>(i) The exterior of the nursing facility, including enclosed outdoor areas;</p> <p>(ii) interior doors of the nursing facility that open into another type of adult care home if the exit doors from that adult care home are not monitored; and</p> <p>(iii) any area of the building that is not licensed as an adult care home.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census was 51 residents. Based on observation and interview, the facility failed to have an electronic monitoring system at the front/main entrance/exit to the building four of four days onsite of the survey.</p> <p>Findings included:</p> <p>- On 10/1/12 at 9:30 A.M. during initial tour, the facility did not have an electronic monitoring system.</p> <p>An interview on 10/1/12 at 10:35 A.M. with with administrative staff A and maintenance staff T verified there was no electronic monitoring system on the front/main entrance/exit door of the facility.</p> <p>The facility failed to provide a policy for electronic monitoring of entrance/exit doors.</p> <p>The facility failed to have an electrical monitoring system on each door that exited the facility and was available to residents.</p>	S1174			